

PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(c))

Patent Number	Issue Date (YYYY-MM-DD)	Application Number	Filing Date (YYYY-MM-DD)	Docket Number (if applicable)
6,367,874	2002-01-09	09/775,743	2001-04-02	n/a



CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number and (2) the application number of the actual U.S. application leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

SMALL ENTITY

☒ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.

LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

NOT Small Entity

- Fee Code
- ☐ 3 1/2 year (1551)
- ☐ 7 1/2 year (1552)
- ☐ 11 1/2 year (1553)

Small Entity

- Fee Code
- ☒ 3 1/2 year (2551)
- ☒ 7 1/2 year (2552)
- ☐ 11 1/2 year (2553)

SURCHARGE

The surcharge required by 37 CFR 1.20(i)(2) (Fee Code 1558) must be paid as a condition of accepting unintentionally delayed payment of the maintenance fee.

MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition.

STATEMENT

THE UNDERSIGNED CERTIFIES THAT THE DELAY IN PAYMENT OF THE MAINTENANCE FEE TO THIS PATENT WAS UNINTENTIONAL

PETITIONER(S) REQUEST THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED

THIS PORTION MUST BE COMPLETED BY THE SIGNATORY OR SIGNATORIES

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest." Refund Ref:

I certify, in accordance with 37 CFR 1.4(d)(4) that I am

- ☐ An attorney or agent registered to practice before the Patent and Trademark Office
- ☒ A sole patentee
- ☐ A joint patentee; I certify that I am authorized to sign this submission on behalf of all the other patentees.
- ☐ A joint patentee; all of whom are signing this e-petition
- ☐ The assignee of record of the entire interest

10/24/2012 GARIAS 0000177218

CHECK Refund Total: \$1640.00

03/01/2012 DALLEN 00000018 6367874

01 FC:1599

3625.00 OP

Refund Ref: 10/24/2012 GARIAS 0000177217

Adjustment date: 10/24/2012 GARIAS 03/01/2012 DALLEN 00000018 6367874

CHECK Refund Total: \$1985.00

01 FC:1599

-3625.00 OP

Sole Patentee

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature

Francesco Casini

Date (YYYY-MM-DD)
2012-02-21

2012-02-21

Name

Francesco A. Casini

This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. This form can only be used when in conjunction with EFS-Web. If this form is mailed to the USPTO, it may cause delays in reinstating the patent.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/23/12</u>		2 Serial/Patent # <u>6,367,874 appl. no. 09/775,734</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
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	Other		02/27/12	\$ 3,625.00
			7 TOTAL AMOUNT OF REFUND	\$ 3,625.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	X	Treasury Check	
	Duplicate Payment		Credit Deposit A/C #:	
	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;"> -- </div>	
Patent not reinstated.				
Mail check to: Francesco A. Casini, 426 Bergen St., Apt. 3R, New York, NY 11217				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u></u>		DATE: <u>10/20/12</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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